



# **Evidence Based Intervention**

# Liposuction

July 2022 v1.1

<b>Document Owner:</b>	Dr Rachel Joyce – Medical Director		
<b>Document Author(s):</b>	Clinical Policies Group		
Version:	V1.1		
Approved By:	Commissioning Committee		
Date of Approval:	July 2022		
Date of Review:	July 2024		
	If the review date has exceeded, the published policy remains valid		

## **Policy: Liposuction**

Liposuction (a surgical procedure used to remove unwanted body fat) is not routinely done by the NHS. The procedure should not be commissioned for purely cosmetic reasons, but it does have a role in managing a specific set of conditions. Where these conditions cause symptoms or there is a functional need, liposuction has been shown to give sustained improvements in pain and quality of life.

The EBI programme proposes clear, evidence-based criteria for use across England. The expected outcome from the use of these criteria is equitable access to liposuction, across England.

#### **Clinical overview**

Liposuction is a method of body contouring surgery using suction cannulas to remove excess subcutaneous fat. Historically, liposuction was seen as a cosmetic procedure. However, its role has evolved to manage a diverse set of pathologies and conditions. These conditions include lipoedema, chronic lymphedema, lipodystrophy syndromes, lipohypertrophy or lipomatosis disorders and breast reconstruction (including gynaecomastia).

## **Criteria**

Liposuction should be offered only where patients are assessed to have a clear symptomatic or functional requirement for surgery.

Liposuction may be considered in cases:

- Of patients with a clear symptomatic or functional requirement, who have: Chronic lymphoedema where the below criteria are met\* (as set out in NICE guidance) AND/OR
- Local contouring of areas of localised fat atrophy or pathological hypertrophy, e.g., lipomatosis or lipodystrophy
- Adjunct to clinically necessary reconstructive surgery or other surgical procedures, such as when required to thin flaps or in breast reconstruction.

\*For patients with chronic lymphoedema, liposuction may be considered:

- After discussion by a multidisciplinary team as part of a lymphoedema service. AND
- After routine conservative and medical management fails, usually after a trial of treatment for a minimum of six months AND
- There is evidence for functional impairment AND
- There are no contraindications (such as significant active medical comorbidities, including anaemia, coagulopathy or local conditions of the skin or subcutaneous tissue that make liposuction hazardous such as trauma\_or hernias).

NICE have published an updated Interventional Procedures Guidance on liposuction for lipoedema (IPG 721, March 2022). This states that there is insufficient evidence of efficacy and safety of liposuction for lipoedema, with some safety concerns.

Liposuction for lipoedema is therefore not routinely funded and funding will only be considered if a patient has clinically exceptional circumstances.

#### **Expected outcome**

The implementation of this proposed guidance would result in a reduction in unwarranted variation to access across England for liposuction by standardising the criteria for referral. Overall, there would be an increase in the number of referrals for the consideration of liposuction.

#### Rationale for recommendation

ICB'S do not routinely commission liposuction. However, NICE guidelines recommend that current evidence on the safety and efficacy of liposuction for chronic lymphoedema is adequate to support the use of the procedure.

The aims of liposuction treatment are rehabilitative and not cosmetic. Treatment enables improved function and activities of daily living, such as fitting in normal clothes or shoes. Literature reviews show that liposuction produces both short- and long-term sustained improvements in almost all dimensions around pain and Quality of Life (QoL), including benefits over and above conservative treatment. Studies reporting QoL outcomes have demonstrated significantly improved overall physical well-being and decreased levels of anxiety and depression. Liposuction has potential benefits in improving lymphatic flow in both chronic lymphedema and lipoedema and two studies have demonstrated reduced levels of oedema post-liposuction.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.

#### References

- 1. NICE. Liposuction for chronic lymphoedema (Interventional procedures guidance [IPG588) 2017 Available at: <a href="https://www.nice.org.uk/guidance/ipg588">https://www.nice.org.uk/guidance/ipg588</a>
- 2. British Association of Plastic Reconstructive and Aesthetic Surgeons and British Association of Aesthetic Plastic Surgeons. Summary document on liposuction safety & recommendations. 2020 Available at: <a href="http://www.bapras.org.uk/docs/default-source/default-documentlibrary/bapras-baaps-liposuction-quidelines.pdf?sfvrsn=2">http://www.bapras.org.uk/docs/default-source/default-documentlibrary/bapras-baaps-liposuction-quidelines.pdf?sfvrsn=2</a>
- 3. NHS advice Available at: https://www.nhs.uk/conditions/cosmetic-procedures/liposuction/
- Carl HM, Walia G, Bello R, Clarke-Pearson E, Hassanein AH, Cho B, Pedreira R, Sacks JM. Systematic Review of the Surgical Treatment of Extremity Lymphedema. J Reconstr Microsurg. 2017 Jul; 33(6):412-425
- 5. Kaoutzanis C, Gupta V, Winocour J, Layliev J, Ramirez R, Grotting JC, Higdon K. Cosmetic Liposuction: Preoperative Risk Factors, Major Complication Rates, and Safety of Combined Procedures. Aesthet Surg J. 2017 Jun 1; 37(6):680-694
- 6. Peprah K, MacDougall D. Liposuction for the Treatment of Lipedema: A Review of Clinical Effectiveness and Guidelines. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2019 Jun 7 Available at: <a href="https://www.ncbi.nlm.nih.gov/books/NBK545818/">https://www.ncbi.nlm.nih.gov/books/NBK545818/</a>
- 7. Kanapathy M, Pacifico M, Yassin AM, Bollen E, Mosahebi A. Safety of Large Volume Liposuction in Aesthetic Surgery: A Systematic Review and MetaAnalysis. Aesthet Surg J. 2020 Nov 30:sjaa338. doi: 10.1093/asj/sjaa338
- 8. NHS Birmingham and Solihull CCG and Sandwell and West Birmingham CCG Evidence Review: Liposuction for Lymphoedema and Lipoedema. 2019 Available at: <a href="https://www.birminghamandsolihullccg.nhs.uk/aboutus/publications/your-health/treatment-policies-evidence-reviews/3543-hctpphase-3b-evidence-review-non-cosmetic-liposuction/file">https://www.birminghamandsolihullccg.nhs.uk/aboutus/publications/your-health/treatment-policies-evidence-reviews/3543-hctpphase-3b-evidence-review-non-cosmetic-liposuction/file</a>
- 9. Overview | Liposuction for chronic lipoedema | Guidance | NICE

# **Change History:**

Version	Date	Reviewer(s)	Revision Description
1.1	June 2023	L. Segovia	Adopted EBI list liposuction policy 3 from July 2022. NICE guidance references updated – details around funding for liposuction for lipoedema amended

#### **DOCUMENT CONTROL**

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the website.

Do you really need to print this document? Please consider the environment before you print this document and where copies should be printed double-sided. Please also consider setting the Page Range in the Print properties, when relevant to do so, to avoid printing the policy in its entirety.